

FILED OCT 4 1948

Registration District No. 31945

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 31587

Registrar's No. 2173

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Weeks (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Frank J. Brune  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cecelia 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased February 5, 1884  
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Josephville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Letter Carrier

11. Industry or business U.S.A.

12. Name Gerhard Brune

13. Birthplace Josephville Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lammke

15. Birthplace Josephville Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Cecelia Brune

(b) Address 725 Shenandoah Ave.

17. (a) Burial (b) Date thereof 9/21/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director John H. Gebken Sons and Co.

(b) Address 2630 Gravois Ave.

19. (a) 9-19-48 (b) Cecil A. Shapm  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town 725 Shenandoah Ave.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 725 Shenandoah Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18, year 1948 hour 8, minute A M.

21. I hereby certify that I attended the deceased from Sept 18 1948 to Sept 18 1948  
that I last saw him alive on Sept 17 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Carcinoma Lung &

Due to 47d

Other conditions Carcinoma of Lymph  
(Include pregnancy within 3 months of death)

Major findings: Bronchoconstriction  
Of operations Carcinoma

Of autopsy Same

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature John H. Stewart (M. D. or other) \_\_\_\_\_  
Address 4660 Maryland Date signed 9-18-48

OCT 21 1948

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**